### CALIFORNIA FORM FAIR POUTE AT PRACTICES CHIMASSION

# STATEMENT OF ECONOMIC INTERESTS IT CALL OF STATEMENT OF ECONOMIC INTERESTS OF STATEMENT OF

Date Received Official Use Only

**COVER PAGE** 

A Public Document 2009 APR - 1 PM 3: 33

Please type or other in ink.

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NAME (LAST)	(FIRET)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Kennedy	Susan	Р.	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
Office of the Governor, State Capitol	Sacramento	CA 95814	

	YTI
(May use business address) Office of the Governor, State Capitol	Sacrament
Office of the Co-citaty Line Cop	
1. Office, Agency, or Court	
Name of Office, Agency, or Court:	
Office of the Governor	
Division, Board, District, if applicable:	
Your Position:	
Chief of Staff	
► If filing for multiple positions, list additional age position(s): (Attach a separate sheet if neces	ency(les)/ ssary.)
Agency:	
Pasition:	
2. Jurisdiction of Office (Check at leas	t one box)
State     ■	
County of	
City of	
☐ Multi-County	
Other	
2 Total of Statement Vistoria di Contra	na havi
3. Type of Statement (Check at least of	
Assuming Office/Initial Date:/	J
Annual: The period covered is January 1, 20 through December 31, 2008.	008,
-or-	
O The period covered is	nrougn
Leaving Office Date Left://(Check one)	
O The period covered is January 1, 2008, the date of feaving office.	rough the
O The period covered is	hrough
☐ Candidate Election Year:	

4. Schedule Summary
► Total number of pages including this cover page:4
► Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes - schedule attached Investments (Loss than 10% Ownership)
Schedule A-2  Yes — schedule attached Investments (10% or greater Ownership)
Schedule B Yes — schedule attached Real Property
Schedule C X Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes – schedule attached
Schedule E Yes - schedule attached Income - Glits - Travel Payments
-or-
No reportable interests on any schedule

#### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

APRIL 1, 2009 Date S Signat

### SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
Name Susan P. Kennedy

➤ 1 BURINESS ENTITY OF TRUST	► I BUSINESS ENTITY OR TRUST
Everett H. Marti Trusts #1 and #2	
Name	Namo
(Spouse's family trust)	Address
Address	Check one
E Trust. go to 2 Business Entity, complete the box, then go to 2	Trust. go to 2 Business Entity. complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:    32,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$2,000 - \$10,000   / 08   / 06
Over \$1,000,000	Over \$1,000,000  NATURE OF INVESTMENT
Sale Proprietorship Partnership Quer	Sole Proprietorship Pertuership
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR FRE RATA SHARE OF THE GROSS INCOME IN THE ENTITY HUS IT	➤ 3 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY FOST)
☐ 50 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ CVER \$100,000 □ \$1,001 - \$10,000
> 1 LIST THE NAME OF EACH REPORTABLE 2 NOLE SOURCE OF INCOME OF \$10,000 OR MORE INCOME.	➤ 0. LIST THE NAME OF EACH REPORTABLE SINGLE SQUAGE OF INCOME OF \$10,000 OF MORE CHARLES AND INCOMES OF
None	
> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box:	> 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>RY</u> THE BUSINESS ENTITY OF TRUST  Check one box:
INVESTMENT	☐ INVESTMENT ☐ REAL PROPERTY
See attached list	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ ☐ ☐ ☐ ☐ ☐	
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	S100,001 - \$1,000,00D ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Doed of Trust Stock Partnership	Property Ownership/Deed of Trust Slock Partnership
Lesschold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are atteched
Comments:	FPPC Form 700 (2009/2007) Sch. A-2 FPPC Toll-Free Halpilno: 888/ASK-FPPC

### Schedule A-2: Investments, Income and Assets of Business Entities/Trusts - Cont'd.

- Spouse's Family Trust:
   Everett H. Marti Family Trusts #1 and #2
   c/o Bank of America, P.O. Box 830269, Dallas, TX 75283-0269
- 2. Gross Income Received Including Pro Rata Share of the Gross Income To The Trust: \$10,001 \$100,000
- 3. Each Source of Income of \$10,000 or More: None
- 4. Investments and Real Property Held By the Trust:

#### Investments - All Bonds

<u>Name</u>	Business Activity	Fair Market Value	Date <u>Acquired</u>	Date Disposed
Credit Suisse First Boston USA Florida Power & Light Co. General Electric Co. Genworth Global FDG J P Morgan Chase & Co. Household Financial Corp.	Finance Utility Capital Goo Finance Finance Finance	\$10,001 - \$100,000 "ds " "		11/17/08

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
Name	
Susan P. Kennedy	

► 1 INCOME RECEIVED	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Marin Services for Women	
ADDRE6S	ADDRESS
1251 South Eliseo Drive, Greenbrae, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Public Benefit Corp.; Health Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
n/a	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - 81,000	□ 500 · \$1,000 □ \$1,001 - \$10,000
∑ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's Income	Selety Spouse's er registered domestic partner's income
Loan rapsyment	Loen repayment
Sale of	Sale of
(Property, car, boat etc.)	
Commission or Remail Income, its cash source of \$10,000 or more	Commission or Rentel Income. In coch source of \$10,000 or more
_	
Other(Doscripe)	Other(Describe)
j	1
► 2 TOARS REGENTED OR OUTSTANDING DIMENS THE REPORTING REG	100
You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	in the lender's regular course of business on terms
available to members of the public without regard to	your official status. Personal loans and loans received
not in a lender's regular course of business must be	discionen as iniows.
NAME OF LENDER"	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
T 5500 - \$1,000	City
Cl ages a tions	
☐ \$1,001 - \$10,000	
_	Guaremor
\$1,001 - \$10,000	Guaremor
	_
	☐ Guarentor
	☐ Guarentor